-	M!	SSC	וטכ	RI	DI	VIS	ION OF HEA	LTH - STAND	ARD CE	RTIFIC			1		=63	3-01	804	14
DO NOT WR			MENI	DED	I	R	egistration District No		ary Registration	District No	100	JO Registrar	's No4	1882	<u> </u>	STATE FI	LE NUMBE	R .
VS 300	1 -	 <u></u>	1	<u></u>	1	1	PLACE OF DEATH	AI 9 1963		. ,	-	2. USUAL RE a. STATE		Where dece		. If institu		dence before idmission)
Rev. 4/5	9	AMENDED				_	OR .	rporate limits, give TOWNS	HIP only)	Length of	atay in 1b	c. CITY OR	St. 1		13			nside Limits
¹ 2		DATEA						NOT in hospital, give local lewish Hosp		1	No 🗆	d. STREET ADDRES	\$ 463 5	Shir		ve location) Place		side on Farm
3			1	T		3	NAME OF DECEASED (Type or print)	First		Middle A.		OTTERSE	BACH I	DATE OF DEATH M	ay 4.	196	3	Year
5 /							sex male	6. COLOR OR RACE	7. Married Widowed	ŏ '	Divorced 🗌		9. LO, 19	AGE (last E	61	Months (YEAR IF	UNDER 24 HR ours Min.
6	SWS						during most of working Optometri	(Give kind of work done ig life, even if retired)	Albert	t Alo	e Co.	St. Lo		Miss	ouri	U.S		AT COUNTRY
⁷ 0	FOLIO¥		ļ				David Ott	ersbaoh	Mai		t Flo	_	NT		a Oti	isband or terb idress		
9	RE AS						es, no, or unknown) (If	yes, give war or dates of a	iervi	OCIAL SEC		Ella Ot		oach				P1.
10	ORD A	P			DOCUMENT		PART I.	DEATH WAS CAUSED BY:	Car	Lin.	ma (Line	1 in	thin	etas	lares		Monda
11 1264-	S REC	NSTEAD			DOC		which ga	ns, if any, DUE TO (base rise to cause (a),	·		·		<u> </u>	167			<u> </u>	
13	ĮĘ.		+	+	 		stating ti lying ca	the under- ause lest.) DUE TO (c . OTHER SIGNIFICANT C		NITPIRIITIN	G TO DEAT	H but not relat	ted to the	terminal	PART III). If decea	sed was	female was
4	7 4°					CATIO	PAĶI II.	disease condition given i	n PART I (a)		- 10 11					there a p		in last 90 days.
	AMENDMEN					CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO	20a. ACCIDENT SUICID	HOMICIDE	20b. D	ESCRIBE HOV	W INJURY OCCI	URRED. (Ent	er nature.of	injury in P	PART I or Pa	ART II of i	tem 18.)
INK B	AWE!	*				MEDICAL	20c. TIME OF Hour a.m. p.m.									COUNTY		STATE
							20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W	☐ farm, 1	OF INJURY (e.	g., in or abo office bldg.,		20f. CITY, TOW				COUNTY	1/2	JIAIE
	2	READ					21. i attended the dec	,	2/6	$\frac{\Delta_{\mu}}{p}$	m on the	e date stated ab		saw him al		ledge, from	the cause	s stated.
USE BLACK OR		SHOULD			VIT OF		22a. SIGNATURE	AT LONG	Tree of title!	Om	D	22b. ADDRESS 3720 M	rhin	The position is	· (V.	fores	8/3	c. DATE SIGNED
		Š	\top	\dagger	FIDA		a. BURIAL CREMATION, REMOVAL (Specify)	5/7/1963	Cal		Ceme	tery	St	Lou	18, 1	Misso		
		ITEM !			BY AF	24	. FUNERAL DIRECTOR	ADI	Floris		25. DAT	Y 6 19	CAL REG.	26. REGIS	STRAR'S SIC	NATURE	th.	M.D.

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.T. godinico 57% aberracado edia 7%28-60-864

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STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	
tudentSignature of Student Embalmer	_ Signed Tono
•	Licensed Embalmer No. 4596 P. O. Address St Louis n
	$\mathcal{O}(\mathcal{I}_{-})$

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

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